

2016 COBRA (18 OR 36 MONTHS)

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPPLEMENT	TRICARE		DENTAL	DENTAL PLUS	VISION	TOBACCO SURCHARGE
SUBSCRIBER ONLY	377.20	466.94	466.94	N/A		11.95	TBD	7.14	40.00
SUBSCRIBER/SPOUSE	806.48	985.96	985.96	N/A		19.75	TBD	14.28	60.00
SUBSCRIBER/CHILD	584.62	710.48	710.48	N/A		25.95	TBD	15.28	60.00
FULL FAMILY	1,026.16	1,223.60	1,223.60	N/A		33.72	TBD	22.42	60.00
CHILDREN ONLY	207.42	243.54	243.54	N/A		14.00	TBD	8.14	40.00

2016 COBRA (29 MONTHS)*

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPPLEMENT	TRICARE		DENTAL	DENTAL PLUS	VISION	TOBACCO SURCHARGE
SUBSCRIBER ONLY	554.70	686.68	686.68	N/A		11.95	TBD	7.14	40.00
SUBSCRIBER/SPOUSE	1,186.00	1,449.94	1,449.94	N/A		19.75	TBD	14.28	60.00
SUBSCRIBER/CHILD	859.74	1,044.82	1,044.82	N/A		25.95	TBD	15.28	60.00
FULL FAMILY	1,509.06	1,799.40	1,799.40	N/A		33.72	TBD	22.42	60.00
CHILDREN ONLY	305.04	358.14	358.14	N/A		14.00	TBD	8.14	40.00

*THESE RATES GO INTO EFFECT IN THE 19TH MONTH OF COVERAGE.